

SOUTH JORDAN CITY PUBLIC SAFETY DEPARTMENT G.R.A.M.A. RECORDS REQUEST



Date:	Case #: _				
Requester's Name:	Daytime				
Address:					
Street Street		City	State	Zip	
In accordance with the G overnment R ecords A orecord(s) specifically described:	ccess M anagement A ct	, I am requesting t	o [] view [] copy the fo	ollowing	
(If additional s	pace is needed, please attac	h a separate sheet)			
Which I believe are collected, filed and/or used I	by the following:				
16	outh Jordan City Public 300 West Towne Cente outh Jordan City, UT (801) 254-4708	r Drive			
If requested records are not public, explain why	you believe you are er	titled to access:			
I am the subject of the record I am the person who provided the infor I am authorized to have access by the (Documentation required by UCA 63-2 Other (Explain)	subject of the record o 2-202 is attached)			on.	
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PLEASE READ THE F	OLLOWING BEFORE	SIGNING THIS R	<u>EQUEST</u>		
Your request for records will be processed in accord (GRAMA), 63-2-101 et. Seq., Utah Code. Your rebusiness days to be granted.					
The records that may be provided to you, subsequent be edited in accordance with GRAMA and may only be				and will	
I understand that there is no charge to view a record.					
If I have asked to have records copied, I agree to peduplicating the records, not to exceed \$27.00 per rep				iling and	
Signature:			Date:		
FOR DEPARTMENT	USE ONLY – DO NOT	WRITE IN THIS AF	REA		
□ ID □ Paid \$ □ Fee Waived Report(s) to be: □ Mailed to above location	By: Da	ate Promised:	Date:		
Reviewed/Authorized. Released By:			Date:		
Report(s) Released: Mailed In Person	By:		Date:		